

U.S. DEPARTMENT OF ENERGY
2005 National Science Bowl®

Coordinator Confidential Medical Information and Emergency Notification Form
(Please fill out the entire 2-page form and sign using blue ink)

Name _____ Birth Date _____ Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____ SSN _____

Date of Last Tetanus Shot: _____

Yes	No		If Yes, explain
___	___	Allergies	_____ _____
___	___	Surgeries	_____ _____
___	___	Food Allergies	_____ _____
___	___	Vegetarian	_____ _____
___	___	Physical Needs	_____ _____
___	___	Visual Limitations	_____ _____
___	___	Prescribed Medications	_____ _____
___	___	Over-the-Counter Medications	_____ _____
___	___	Recent Illness	_____ _____

NAME: _____

CONTACT INFORMATION

<u>Primary</u>	<u>Contact</u>	<u>Secondary</u>
_____	Name	_____
() _____	Phone	() _____
() _____	Cell Phone	() _____
_____	Relationship	_____

HEALTH INSURANCE

<u>Physician</u>	<u>Contact</u>	<u>Insurance</u>
_____	Name	_____
() _____	Phone	() _____
_____	Policy #	_____

CONSENT TO MEDICAL CARE AND TREATMENT

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

Signature _____ Date _____

NO FAX COPIES